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CONFIRMATION NO. 2190

SERIAL NUMBER 10/602,897	FILING OR 371(c) DATE 06/24/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. M-1111-CIP (1502-96 PCT C)	
APPLICANTS Kurt Haggstrom, Plainville, MA; ** CONTINUING DATA ***** This application is a CIP of PCT/US03/09687 03/28/2003 ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/05/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Heather J. Stipell</i> TJS Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
ADDRESS 55825					
TITLE Catheter with occlusion resistant tip					
FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		